## TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

## Final Rule LSA Document #06-29(F)

## **DIGEST**

Adds <u>405 IAC 5-38</u> to define telemedicine services and describe the circumstances under which Medicaid will reimburse for such services. Effective 30 days after filing with the Publisher.

## 405 IAC 5-38

SECTION 1. 405 IAC 5-38 IS ADDED TO READ AS FOLLOWS:

Rule 38. Telemedicine Services

## 405 IAC 5-38-1 General provisions

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 1. (a) Telemedicine services refer to a specific method of delivery of certain services, including medical exams and consultations, which are already reimbursed by Medicaid. Telemedicine uses videoconferencing equipment allowing a medical provider to render an exam or other service to a patient at distant location. Telemedicine services are covered by Medicaid within the parameters specified in this rule.

- (b) Telemedicine is not the use of a:
- (1) telephone transmitter for transtelephonic monitoring; or
- (2) telephone or any other means of communication, consultation from one (1) doctor to another.

(Office of the Secretary of Family and Social Services; <u>405 IAC 5-38-1</u>; filed Feb 28, 2007, 2:42 p.m.: <u>20070328-IR-405060029FRA</u>)

# 405 IAC 5-38-2 Definitions

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 2. The following definitions apply throughout this rule:

- (1) "Hub site" means the location of the physician or provider rendering consultation services.
- (2) "Interactive television" or "IATV" means the videoconferencing equipment at the hub and spoke site that allows real time, face-to-face consultation.
- (3) "Spoke site" means the location where the patient is physically located when services are provided.
- (4) "Store and forward" means the electronic transmission of medical information for subsequent review by a health care provider at the hub site. Restrictions placed on store and forward reimbursement in this rule shall not disallow the permissible use of store and forward technology to facilitate reimbursable services.

(Office of the Secretary of Family and Social Services; <u>405 IAC 5-38-2</u>; filed Feb 28, 2007, 2:42 p.m.: 20070328-IR-405060029FRA)

## 405 IAC 5-38-3 Description of service

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

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Sec. 3. (a) In any telemedicine encounter, there will be the following:

- (1) A hub site.
- (2) A spoke site.
- (3) An attendant to connect the patient to the specialist at the hub site.
- (4) A computer or television monitor to allow the patient to have:
  - (A) real-time;
  - (B) interactive; and
  - (C) face-to-face:

communication with the hub specialist/consultant via IATV technology.

(b) Services may be rendered in an inpatient, outpatient, or office setting.

(Office of the Secretary of Family and Social Services; <u>405 IAC 5-38-3</u>; filed Feb 28, 2007, 2:42 p.m.: 20070328-IR-405060029FRA)

# 405 IAC 5-38-4 Limitations

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 4. Telemedicine shall be limited by the following conditions:

- (1) The patient must be:
  - (A) physically present at the spoke site; and
  - (B) participate in the visit.
- (2) The physician or practitioner who will be examining the patient from the hub site must determine if it is medically necessary for a medical professional to be at the spoke site. Separate reimbursement for a provider at the spoke site is payable only if that provider's presence is medically necessary. Adequate documentation must be maintained in the patient's medical record to support the need for the provider's presence at the spoke site during the visit. Such documentation is subject to postpayment review. If a health care provider's presence at the spoke site is medically necessary, billing of the appropriate evaluation and management code is permitted.
- (3) Reimbursement for telemedicine services is available only when the hub and spoke sites are greater than twenty (20) miles apart. Adequate documentation must be maintained as service is subject to postpayment review.
- (4) Store and forward technology is not reimbursable by Medicaid. The use of store and forward technology is permissible as defined under section 2(4) of this rule.
- (5) The following service or provider types may not be reimbursed for telemedicine:
  - (A) Ambulatory surgical centers.
  - (B) Outpatient surgical services.
  - (C) Home health agencies or services.
  - (D) Radiological services.
  - (E) Laboratory services.
  - (F) Long term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled.
  - (G) Anesthesia services or nurse anesthetist services.
  - (H) Audiological services.
  - (I) Chiropractic services.
  - (J) Care coordination services.
  - (K) DME, medical supplies, hearing aids, or oxygen.
  - (L) Optical or optometric services.
  - (M) Podiatric services.
  - (N) Services billed by school corporations.
  - (O) Physical or speech therapy services.
  - (P) Transportation services.
  - (Q) Services provided under a Medicaid waiver.

(Office of the Secretary of Family and Social Services; <u>405 IAC 5-38-4</u>; filed Feb 28, 2007, 2:42 p.m.: <u>20070328-IR-405060029FRA</u>)

## Indiana Register

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